

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 04/01/16		Bureau/Station/Facility: South Patrol Division/Lakewood Station		Admin. Invest? <input type="checkbox"/>	Hit? <input checked="" type="checkbox"/>
Incident Information					
URN: 014-20194-1365-013		Date: 10/27/14		Time: 1437	
City or Station: Lakewood Station		Nature of Incident: Deputy Bryan Moreno responded to the location regarding a fight call. He attempted to detain Oscar Ramirez at gunpoint when a deputy involved shooting occurred. Suspect is deceased.			
Location: 14608 Paramount Boulevard, Paramount					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: RR Tracks		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 10 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy: 8		Total # of Shots Fired by Suspect: 0		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Hancock	Kenneth	L.	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Abbot	Michael	J.	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Maese	Thomas		<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Meza	Jorge	A.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Reveles	Jose	I.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Lindblom	Eric	R.		

PSTD Use Only

SH # **2369175**

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Moreno			Bryan		R		
	Sex: M	Race: H	Rank: Deputy Sheriff		Unit Assignment: Lakewood Station		Work Assignment (Unit #, Module, etc.): 132E			
	ShiftTime (circle only one) <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age: 5'08"		Height: 175		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 8		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Involved Employee										
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Involved Employee										
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one) <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one) <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Officer Involved Shooting Suspect Information

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Suspect Information										
S 1	Last Name				First Name				M.I.	
	Ramirez				Oscar				A	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	M	Hispanic								
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #		CII #			
	28	06/15/86	6'00"	185						
Booking #		Primary Charge:				Secondary Charge:				
Coroner Case? <input checked="" type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used:				
		2014-07330				Marijuana, Methamphetamine				
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:				
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #		CII #			
Booking #		Primary Charge:				Secondary Charge:				
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:				
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #		CII #			
Booking #		Primary Charge:				Secondary Charge:				
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:				
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.	Height:	Weight:	FBI #		CII #			
Booking #		Primary Charge:				Secondary Charge:				
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:				
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>				
Vehicle Make		Model:	Year:	Parole:	Probation:	Prior Felony Conviction:				

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